

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

031 BUREAU OF INSURANCE

Chapter 920: REPORTING OF FRAUDULENT INSURANCE ACTS

1. Authority

This Rule is adopted pursuant to the authority of 24-A M.R.S.A. §§ 212 and 2186, sub-§4, paragraph A.

2. Purpose

Title 24-A M.R.S.A. §2186, sub-§4, paragraph A requires all insurers to annually, on or before March 1, file with the Superintendent a report relating to fraudulent insurance acts that the insurer knew or reasonably believed had been committed during the previous calendar year. This rule prescribes the form of the reporting process which is required to be filed.

3. Definitions

For purposes of this Rule, the following words and terms have the following meanings:

- A. "Fraudulent Insurance Act" has the same meaning as in 24-A M.R.S.A. §2186, sub-§1, paragraph A; and
- B. "Insurer" has the meaning set forth in 24-A M.R.S.A. §2186 sub-§1, paragraph B.

4. Format of Report of Fraudulent Insurance Acts

The annual report by all insurers licensed to do business in Maine shall be ~~in the format of attachment A. The report shall be filed by all insurers reporting premiums written in Maine in the preceding calendar year~~ submitted in a form and manner as prescribed by the Superintendent.

~~All insurers are encouraged to report electronically through the web site of the Bureau of Insurance. In the alternative the report may be forwarded by disk or by hard copy.~~

5. Effective Date

This rule is effective February 23, 1999. The 2015 amendments to this rule are effective November 25, 2015.

Drafting Note: An effective date five days after the adopted amendments as approved by the Attorney General have been filed with the Secretary of State is proposed.

**State of Maine
Bureau of Insurance
Transmittal Form**

Maine Fraud and Abuse Annual Report

For Year Ending December 31, _____

Due March 1

ALTERNATIVE/CONSOLIDATED REPORTING BY INSURER GROUP

In the alternative to individual insurer reporting, insurers may elect to report on a consolidated group basis.

Group Name:

NAIC #s of reporting insurers:

Names of Insurers Reporting on a consolidated basis:

Company Contact Person: _____

Telephone # _____

Company Name:

NAIC #:

Company Contact Person: _____

Telephone # _____

Number of cases by category:

Claimant May Have:

1. _____ Faked property damage
2. _____ Inflated financial loss
3. _____ Faked/exaggerated injury
4. _____ Staged accident/injury
5. _____ Been known to file suspect claims, including faking, exaggerating, or extending total or partial disability
6. _____ Other

Legal Provider May Have:

- 7. ~~_____~~ Hired or paid cappers/chasers to recruit clients
- 8. ~~_____~~ Charged inconsistent with services provided
- 9. ~~_____~~ Other

Medical Provider May Have:

- 10. ~~_____~~ Provided an inaccurate/incomplete history
- 11. ~~_____~~ Billed for services not provided
- 12. ~~_____~~ Upcoding or billing for excessive treatments
- 13. ~~_____~~ Unbundling
- 14. ~~_____~~ Received compensation for referral to medical or legal providers
- 15. ~~_____~~ Hired or paid cappers/chasers to recruit clients
- 16. ~~_____~~ Fabricated services
- 17. ~~_____~~ Provided an inaccurate/incomplete history
- 18. ~~_____~~ Operated without a license
- 19. ~~_____~~ Other

Other Person or Entity May Have:

- 20. ~~_____~~ Received/paid compensation for referral
- 21. ~~_____~~ Fabricated services
- 22. ~~_____~~ Charged inconsistent with services provided
- 23. ~~_____~~ Provided an inaccurate/incomplete history, or submitted false or inaccurate information to obtain an insurance policy or to reduce an insurance premium
- 24. ~~_____~~ Other

25. ~~_____~~ Total number of suspected fraud claims by line of business:

- ~~Auto~~
- ~~Worker Comp~~
- ~~General Liability~~
- ~~Life~~
- ~~Health (including Medicare/Medicaid)~~
- ~~Marine~~
- ~~Property~~
- ~~Other~~

26. ~~Total number of suspected fraud claims by type of insurance:~~
~~Personal~~
~~Commercial~~
27. ~~Number of cases reported/referred to law enforcement agency?~~
~~County Attorney's Office~~
~~U.S. Attorney's Office~~
~~Other Law Enforcement~~
~~Workers' Compensation Board Abuse and Fraud Unit~~
~~NICB~~
~~Other, including U.S. Postal Authorities~~
28. ~~Amount of money not paid on suspected fraudulent cases:~~

~~Please complete report on an annual basis and return to:~~

~~State of Maine Bureau of Insurance
34 State House Station
Augusta ME 04333~~

~~Electronic reporting is also acceptable and information
regarding the electronic submission of this form will be made
available on the agency web site at [http://www.state.me.us/
pfr/ins/inshome2.htm](http://www.state.me.us/pfr/ins/inshome2.htm).~~